

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Pima

District of _____

Town of _____

or Miami

City of _____

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 232

County Registrar No. 797

Local Registrar No. _____

2. Full name of child Rosa Espinoza

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. None 5. No., in order of birth 1 6. Legitimate? Yes 7. Date of birth August 30, 1926

8. FATHER Full name Mariano Espinoza 14. MOTHER Full maiden name Selsa Cano

9. Residence (Usual place of abode) Miami Arizona 15. Residence (Usual place of abode) Miami Arizona

If non-resident, give place and state. 16. Color or race Mexican 17. Age at last birthday 37 (Years)

10. Color or race Mexican 11. Age at last birthday 45 (Years)

12. Birthplace (city or place) Mexico 18. Birthplace (city or place) Mexico

(State or country) 19. Occupation Housewife

13. Occupation Miner Nature of Industry

20. Number of children of this mother 12 (a) Born alive and now living 4 (b) Born alive but now dead 8 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? Yes

(Taken as of time of birth of child herein certified and including this child.)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 8-30 P m. on the date above stated

(When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.)

Signature Charles E. Drin M.D. (Physician or midwife)

Address Miami Arizona

Given name added from a supplemental report. Filed Aug 31, 1926 C. E. Drin Local Registrar.

Month, day, year

Registrar Filed _____, 19 _____ County Registrar.

951-830-236